U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	For Official Use Only
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 4	2. Fiscal Year Covered From:				
	1 / 1 / 2004 Through: 12 / 31 / 2004				
3. Name and address of person filing.	4. Name, file number, and address of labor organization.				
Name William P Booth	Name International Brotherhood of				
	Electrical Workers Local 64 Labor Organization File Number $\boxed{006-188}$				
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any				
Street 291 McClurg Road	Street 291 McClurg Road				
City Youngstown	City Youngstown				
State Ohio ZIP Code + 4 44512	State Ohio ZIP Code + 4 44512				
5. Position in labor organization. President					
Enter appropriate data below if, during the past fiscal year, you or your spot except as specified in the exclu	ase or minor child directly or indirectly had any of the following interests sions set forth in the instructions) $f\in\mathcal{M}$				
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.					
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.				
Name					
Trade Name, if any:	n/a ª				
P.O. Box, Bldg., Room No., if any					
	7.b. Amount.				
Street					
City	Ø				
State ZIP Code + 4					
Signature Signature					
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)					
1, DRA					
Signed William 1007	On 8/4/05 330-758-8654 Date Telephone Number				
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Name of Person Filing William P. Booth	File Number U-				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	9. Business deals with: a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing.				
Street City ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.				
	n/a 12.b. Amount.	Ø			
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or from any labor relations consultant to an employer any payment of money	C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.				
Name					
Trade Name, if any:	n/a				
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4					
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	Ø			